

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TONY CARDENAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee DCCC

Mailing Address 430 S Capitol Street S.E. 2nd Flo

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2013

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
Political Contribution/Excess Funds

011

Transaction ID : EXPB1241

Candidate Name

Democratic Congressional Campaign Committee DCCCCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Friends of Cheri Bustos

Mailing Address 301 Porter Street NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2013

City	State	Zip Code
Washington	DC	20016

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011

Transaction ID : EXPB1237

Candidate Name

Cheri BustosCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: IL

District: 17

Full Name (Last, First, Middle Initial)

c. Friends of Lois Capps

Mailing Address 901 Olive Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2013

City	State	Zip Code
Santa Barbara	CA	93101

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011

Transaction ID : EXPB1238

Candidate Name

Lois CappsCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: CA

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17000.00